

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/588825

8.9.06

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
1						
2						
3	2					
4	2					
5	2					
6	2					
7	2					
8	3					
9	3					
10	3					
11	3					
12	3					
13	1					
14		1				
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TOTAL IND.			1			
TOTAL DEP.			18			
TOTAL CLAIMS			19			

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
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